



## Employer Agreement Department of Human Services

**By signing below, the employer agrees to do all of the following:**

- Treat all employee data received from the State of Rhode Island confidentially and in accordance with the requirements of Rhode Island General Laws Section 40-6-12 and Federal Laws (42 USC 602(a)(9), 42 USC 396(a)(7), 45 CFR 205, 50 and 42 CFR 431 part 300-307), whether or not the person is still an employee or the employer is participating in the RIte Share Program.
- Report any changes to any information requested on this form to the Employer Contact Unit, RI Department of Human Services, Center for Child and Family Health, 600 New London Avenue, Cranston, Rhode Island 02920 within ten (10) business days of the change.
- Agree to adjust any qualified employee's payroll withholdings related to health-insurance coverage by the amount of premium assistance payments issued by the RI Department of Human Services, Center for Child and Family Health, as soon as possible, but no later than thirty (30) days after notification of the premium assistance amount.
- Notify the RI Department of Human Services of the date when any employee ceases to be covered by the employer's health insurance plan within ten (10) days of such change. Agree to reconcile with the State any overpayments by the State that occurred after such date, agreeing that the RI Department of Human Services has the right to withhold the overpayment amount from subsequent payments to the employer.
- Upon notification from DHS, enroll all RIte Share eligible employees in the employer's health plan and pay the appropriate premium on the employee's behalf.
- Agree to receive payment via electronic means unless the RI Department of Human Services, Center for Child and Family Health, approves alternate arrangements, in advance.
- Provide 90 days written notice to the Employer Contact Unit, at the address cited above, in the event of a decision by the employer to terminate participation in the RIte Share program.
- Acknowledge that DHS may, at its discretion, reassign all existing RIte Care enrolled employees of the employer into the RIte Share program and the employer's health plan.
- Treat all RIte Share enrolled employees in the same manner as all other employees in the same class of employees, as required by R.I.G.L. 40-6-29.
- Acknowledge that DHS may publicly disclose that the employer is participating in the RIte Share program unless the employer has indicated in writing to the contrary

The prospective primary participant certifies to the best of its knowledge and belief that it and its principals

- A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal or State department of agency.
- B) Have not within a three year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property, and
- C) Are not presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses in paragraph A of this certification.

If determined eligible for the RIte Share Program, \_\_\_\_\_(company), will comply with all rules listed above and with the provisions of the RI DHS regulations, state and federal laws, and that DHS reserves the right to audit such compliance. I certify, under penalty of perjury, that the information provided on this application is correct and complete to the best of my knowledge.

\_\_\_\_\_  
EMPLOYER SIGNATURE

\_\_\_\_\_  
DATE